

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-016801

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

FILED MAY 10 1962

Primary Registration District No.

1003

Registrar's No.

4501

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**

Length of stay in 1b  
**lifetime**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **3201 Arsenal St.**

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY

c. CITY  
OR  
TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS **3201 Pestalozzi St.**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

**MARGARET**

**GARFRERICK**

## 4. DATE OF DEATH

Month **April**

Day **30**

Year **1962**

## 5. SEX

**female**

## 6. COLOR OR RACE

**white**

## 7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**Nov. 7, 1908**

## 9. AGE (last birthday)

**53 years**

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Furniture Inspector**

## 10b. KIND OF BUSINESS OR INDUSTRY

**Lammert Furn. Co.**

## 11. BIRTHPLACE (City and state or country)

**St. Louis, Missouri**

## 12. CITIZEN OF WHAT COUNTRY

**U. S. A.**

## 13a. FATHER'S NAME

**Henry Garfrerick**

## 13b. MOTHER'S MAIDEN NAME

**Marie Ziegler**

## 14. NAME OF HUSBAND OR WIFE

**never married**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**no**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

**Herman Garfrerick - 2615 Pennsylvania**

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Coronary Occlusion**

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**4201**

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Month, Day, Year

Hour a.m. p.m.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

Death occurred at

**7:45 P.**

and last saw her alive on

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

**Paul J. Simon**

(Degree or title)

**Deputy Coroner**

## 22b. ADDRESS

**1300 Clark Ave.**

## 22c. DATE SIGNED

**5-2-1962**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 23b. DATE

**May 3, 1962**

## 23c. NAME OF CEMETERY OR CREMATORY

**Resurrection Cemetery**

## 23d. LOCATION (City, town, or county)

**St. Louis County, Missouri**

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

**Gebken Sons - 2630 Gravois Ave.**

## 25. DATE RECD. BY LOCAL REG.

**MAY 2 1962**

## 26. REGISTRAR'S SIGNATURE

**Earl Smith, M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Fair D. Sizemore

Licensed Embalmer No. 4343

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.